

# CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## Behavioral Health Task Force (BHTF)

January 28, 2021

10:00 a.m. – 1:00 p.m.

### MEETING Synopsis

**Behavioral Health Task Force Members Attending:** Sonya Aadam, California Black Women's Health Project; Seciah Aquino, Latino Coalition for a Healthy CA; Sarah Arnquist, Beacon Health Options; Michelle Doty Cabrera, County Behavioral Health Directors Association of California; Le Ondra Clark Harvey, California Council of Community Behavioral Health Agencies; Carmela Coyle, California Hospital Association; Jessica Cruz, NAMI CA; Mary June Diaz, SEIU; Vitka Eisen, HealthRIGHT 360; Lishuan Francis, Children Now; Virginia Heidrick, CA Consortium for Urban Indian Health; Tanja Heitman, Santa Barbara County Probation Department; Andy Imparato, Disability Rights CA; Tom Insel, Steinberg Institute; Linnea Koopmans, Local Health Plans of CA; Kim Lewis, National Health Law Program; Elizabeth Oseguera, CA Primary Care Association; Hector Ramirez, Disability Rights California; Cathy Senderling McDonald, CA Welfare Directors Association; Al Senella, CA Association of Alcohol and Drug Program Executives/ Tarzana Treatment Centers; Chris Stoner-Mertz, California Alliance of Child and Family Services; Mandy Taylor, California LGBTQ Health and Human Services Network; Carolina Valle, CA Pan-Ethnic Health Network; Jose Zavala, Fresno Unified School District; Ashley Zucker, Kaiser Permanente.

**Behavioral Health Task Force Members Not Attending:** Charles Bacchi, CA Association of Health Plans; Lenore Anderson, CA for Safety and Justice; Emily Hoo, Pacific Business Group on Health; Marie Weber; UCSD Health.

**State Representatives Attending:** Mark Ghaly, CHHS; Stephanie Welch, CHHS; Jim Suennen, CHHS; Jim Kooler, DHCS; Morgan Clair, DHCS; Tomas Aragon, CDPH; Mary Watanabe, DMHC; Toby Ewing, MHSOAC; Kim Johnson, DSS; Stephanie Clendenin, DSH; Kim McCoy Wade, CDA; Brenda Grealish; CCJBH.

**State Representatives Not Attending:** Nadine Burke Harris, CHHS/OSG; Tom Herman, CDE.

Below is a synopsis of the meeting and discussion. People are encourage to review the slides posted [online](#) for detailed presentation information.

#### Welcome and Opening Comments - Meeting the Moment for Behavioral Health

**Mark Ghaly, MD, MPH. Secretary of the California Health and Human Services Agency (CHHS)**

Dr. Mark Ghaly welcomed everyone and thanked them for the efforts being made in so many different ways to provide care and support to some of California's most vulnerable residents. He spoke about COVID as an accelerant for change on so many things. To push us to act differently, recognize our faults and move towards progress whether it is in health care delivery, child welfare service, criminal justice practices, and so on. Dr. Ghaly summarized some of the evidence of not only growing mental health needs but tragic

outcomes like increases in Emergency Department visits among adolescents for substance use and suicide attempts. COVID has taken a toll on everyone from those already in distress and vulnerable, to those who are experiencing significant grief, loss and anxiety for the first time.

Dr. Ghaly spoke about the importance of thinking about recovery and how to take what we have learned during this crisis and make change. The disparities and injustices that have always existed now are raw, exposed and have been exacerbated in communities of color that have been disproportionately ravished by the pandemic. The time is now to have the important conversation about what recovery around behavioral health looks like for Californians. Dr. Ghaly gave a high-level summary of some of the largest behavioral health proposals that have been put forth by the administration to support behavioral health recovery – CalAIM, Behavioral Health Continuum Infrastructure, Student Mental Health and community strategies to serve individuals deemed Incompetent to Stand Trial (IST). Dr. Ghaly expressed his excitement in launching into the work to be done today.

### **Voices from the Field**

***Jevon Wilkes, Executive Director, California Coalition for Youth and (ADD Youth Advocate Speaker) and Christina A. Roup, Executive Director, NAMI Fresno***

Stephanie Welch introduced Jevon Wilkes, a long-time advocate for youth and the importance of developing policies and practices informed by youth voice and experience. Jevon Wilkes introduced Chez, an advocate that he works with to share some of her experiences. Chez works for Cal Voices in Sacramento as a peer partner/advocate and is a public speaker for youth representation and mental health awareness. Chez also volunteers at the Sacramento LGBTQ Center and will soon be starting graduate school. Chez shared her experience and perspective through a very powerful poem she called “Butterfly.” Jevon Wilkes closed by encouraging that youth perspective be used in the decisions taskforce members are making here and in their regular positions.

Stephanie Welch introduced Chris Roup, the executive director for the NAMI of Fresno County and a board member of NAMI California. Chris Roup share some examples of how programs, especially support and educational groups, had been altered to “keep going” even during the pandemic. She noted that even though this pivoting had taken place, a lot of regular faces did not move to the online/ virtual platform for support and that was concerning. Chris Roup acknowledged that there is a lot of crisis and pain being experienced in communities and appreciates telehealth but knows there is a lot more to do.

### **Highlights from Member Interviews and Next Steps (10:45 AM)**

***Stephanie Welch, MSW, Deputy Secretary, Behavioral Health CHHS***

Stephanie Welch reported out on the member interviews she was able to conduct by phone or zoom with every member of the taskforce since taking this new position to learn about the members, why they wanted to be on the taskforce and what they hoped the taskforce would accomplish. She acknowledged that a lot of work had been done and perspectives shared but also acknowledged how so much has changed in the last year – the health and fiscal crisis, in addition to the social reckoning calling for the end of systemic racism, needs to be thoughtfully but expeditiously incorporated into the taskforce’s work.

She walked through a set of slides summarizing key themes and findings from the interviews. Members wanted to be productive and active and want their expertise utilized. The process should be inclusive but productive as there are many things that need to be weighed and addressed. She walked through the intent language that established the taskforce to work on issues in order to advise the governor and core components – equity, access, and prevention but also not forget the most vulnerable. Finally she shared how unique the taskforce is and how it can build upon the other great work being done in both the public and private sector to equitably address behavioral health needs.

She transitioned to talk about some of the emerging research documenting the significant impact of COVID on individuals behavioral health by walking through slides full of data. She then proposed a shift of focus to “Meeting the Moment” for behavioral health and working on a plan that would identify: 1) current and emerging data documenting the most pressing behavioral health needs 2) gaps in the system that must be a priority to address (i.e. social and racial equity and lack of services for the most vulnerable) and 3) what can be done to ensure that California and its citizens can get through this recovery with a healthier more equitable behavioral health system. The plan would have measurable goals and be a blueprint for sustainable change.

### **Suicide Prevention and Issues from the Field**

***We strongly recommend that interested parties review the slides and the audio recording of this meeting in order to grasp the complexity and vast content of this panel and the various presenters and participants.***

**California Department of Public Health (CDPH) Monica Morales, Deputy Director, Community Wellness at the Center for Health Communities, Erika Pinsker, PhD, MPH. Epidemiology and Surveillance Unit Chief, Substance and Addiction Prevention Branch, and Renay Bradley, Ph.D. Chief, Epidemiology and Surveillance Section, Injury and Violence Prevention Branch**

The Department provided a comprehensive overview of the various activities within the department to prevent suicide, including a variety of surveillance and data analysis. The Department is also administering a federal grant and is eager to implement recent legislation that establishes an Office of Suicide Prevention within the department. The success of all of these initiatives and responsibilities requires collaboration and partnership with a broad range of federal, state and local government as well as implementers, advocates and stakeholders.

### **Riverside University Health System**

**Iman Abouazra, MPH, Research Specialist II Epidemiology and Program Evaluation/Vital Records and Dianne Leibrandt, MPH, MSc, Program Director, Riverside Overdose Data to Action Epidemiology and Program Evaluation**

Various staff from Riverside County provided an overview of the local efforts and systems they have underway to specifically look at how to monitor and address overdoses in their county. Back in September 2019, Riverside County was one of only 16 local jurisdictions to receive funding from the Centers for Disease Control and Prevention for the Overdose Data to Action program. The purpose of this program is to enhance surveillance of overdose morbidity and mortality and to ultimately use that data to create more responsive and collaborative prevention efforts to address the

upstream causes of substance use and overdose. It was noted that much of the success has been dependent upon strong partnerships with the Sheriff-Coroner's Department and the Emergency Medical Services agency to gather timely data on overdoses and to use that to highlight trends to guide our prevention efforts. In addition, local coalitions like the Inland Empire Opioid Crisis Coalition have created new initiatives such as the Overdose Fatality Review Team where a team of cross-sector partners evaluate cases to identify missed prevention opportunities.

Staff from Riverside County then walked through their data analysis and findings (please see PowerPoint for specifics). Riverside County also shared various strategies they put into place locally to adapt to support effective responses to addressing behavioral health needs during the pandemic. COVID strengthen bonds between the county, providers, and clients in a positive way that the county will continue to strengthen and build upon post pandemic.

## **Department of Health Care Services and CalHOPE**

### **Jim Kooler, Dr.P.H, Assistant Deputy Director**

Mr. Kooler provided a high-level overview of the CalHOPE program. CalHOPE is a crisis counseling program funded by FEMA and SAMHSA to help address the behavioral wellness of California and address the stress and anxiety that people are feeling as a result of COVID, fires, systemic racism, politics, etc. The program has multiple components including a statewide media campaign, a website with tools and resource, *Together for Wellness*, and the CalHOPE Peer Warm Line. If a person still needs assistance, CalHOPE Support provides six sessions with someone to help get through what you're feeling. If none of those work, a warm-handoff will be made to the behavioral health system to get clinical support.

Mr. Kooler then introduced Raina Daniels from the CalHOPE Warm Line to talk about her experience, the support she provides to the crisis counselors, and the kinds of calls that they are getting. Ms. Daniels is from the Mental Health Association of San Francisco, which is an organization that runs a statewide 24/7 mental health warm line for general mental health concerns that is a peer-delivered service. The CalHOPE 833-317-HOPE program is a sub-program of that focusing on the needs of people specifically related to the COVID-19 pandemic.

At the Mental Health Association of San Francisco all services are delivered by those who identify as peers. Peers are people who have experienced major mental health challenges, sometimes hospitalization, and suicide attempts. Most often, these are people who have been in recovery for some time and feel that they are equipped to help usher other folks through recovery, help them access supports, share their own lived experiences, and advocate for the needs of folks, both with formal supports and with informal supports towards their own journey. 40 hours of classroom training is provided for all Warm Line counselors as well as an additional 40 hours of side-by-side training on the line. In addition, as part of the Crisis Counseling Services Program, counselors on the CalHOPE line are trained in what's called the *Just in Time Training* from SAMHSA/FEMA which focuses on the skills and supports related specifically to disaster recovery and contextualizing our intervention needs within that framework. Ms. Daniels then shared some examples of the types of calls the Warm Line receives and how callers respond and react to having the line available as a resource. She explained how resources are provided, and if needed, how referrals are

made for clinical support.

## Member Discussion

Andy Imparato with Disability Rights California - I just want to lift up to you the model of the Master Plan for Aging Stakeholder Advisory Committee. One of the things that made that group work well, and Le Ondra and other folks that are on this were also on that, is we had support from the philanthropic community who provided staff that helps the state do the work in between meetings and kind of staff the different working groups. I don't know if you've thought about that, but I just think if we can get some philanthropic support so you have more staff support under you, it might help us get the work done faster.

Mandy Taylor with the California LGBTQ Health and Human Services Network - Just a couple of things speaking to the presentation and then a general comment. I just did want to say that we did a mental health survey specifically of the LGBTQ Californians in 2019, and in that survey, 78% of respondents from age 12 to 25 reported having considered suicide in their lifetime. So, I think that that's important data to consider also when we're looking at suicide prevention. That report, along with other LGBTQ mental health data can be found at [Out for Mental Health website](#). In terms of reporting of violent deaths, sexual orientation and gender identity really needs to be included in the violent data that's being collected by coroners. Because this information isn't currently being collected, we don't actually have an accurate idea of how many LGBTQ people are committing suicide each year. Particularly this is important in the case of our trans women of color that we know are murdered at high rates as well as high suicide rates within the trans community. So, I would really like to see that happening and being part of the agenda for our suicide prevention in California. Then, my general comment is that while I appreciate the information that was provided by our esteemed panelists, I'm actually disappointed that we didn't spend the task force time focusing on the key themes that you identified, Stephanie, on slide 11 especially being action-oriented. I know I'm onboard and enthusiastic about doing workgroups or having extended meetings or whatever we need to do to really dig into this, but I know a lot of my fellow task force members feel the same. How is the HHS going to collaboratively utilize our collective expertise, and how are we going to functionally make sure that equity and the most vulnerable are centered in our centered in our processes? So, I just want to encourage you for our future meetings in whatever form that takes that we really are moving forward in an action-oriented way.

Le Ondra Clark Harvey with the California Council for Community Behavioral Health Agencies - First, I want to give a shout out to Jevon and the young woman who presented. I thought that was wonderful, beautiful. Kudos to them, and kudos to her for all of her hard work. I don't know if she's still here, but amazing story. I do agree with Andy about the process for the Master Plan for Aging. It was really amazing, and so whatever we can take from that to supplement the work that you're going to lead, Stephanie, I think we should. Then, also, I did hope for a little bit more time for strategizing and building. I know this is our first meeting of the year, so you had some really great information coming to us, but just also want to agree that moving forward it would be great to do some more workgroup time because all of us have so many meetings, and I just think that with all of this collective wisdom there's so much here that we could get done together.

Hector Ramirez with Disability Rights California - The data presented on suicide and substance use crisis in our communities definitely is a very important highlight, and

thinking back to what the speakers have mentioned, I really want to just, again reiterate that from a disability perspective, I really appreciated how you're taking an equitable lens, looking at it through a racial and ethnic component and definitely including our LGBTQIA community as a recognized impacted community. I also want to—I know you know this, really highlight the impact and the legitimacy of the disability community. The mental health stress that we as disabled people have been facing has been significant both because of our underlying medical conditions and the stresses of surviving. I stayed with you from the beginning in resistance, and I moved to solidarity, and I'm dragging myself in my community to the floor to get to this place of unity to work with you, but be aware that our community as well has faced significantly additional mental health severe stresses since we are the group categorically that has been impacted the most by many of the factors that you presented here including the COVID-19 pandemic. I really hope that within this equity line we're taken into perspective the fact that the disability community is more than just an intersectional marginalization, but in fact, represents so many of Californians right now as the data really highlights. Disability has changed dramatically both in who our membership is but also who we've lost. We've lost so many people to many different things. Many of us have lost multiple family members to this pandemic, and in my family, I've lost four including my brother that just died over a week ago. One of the things that I've noticed that not only were they Native American and Latino, but each one of them were disabled. Those were elements that contributed to the demise. I use that as hope and energy to keep working with you, but I really wanted to make sure to speak up for the disability community as an intersectional point as we move forward with this great plan and this vision of equity. So, I really wanted to thank you for that.

Michelle Cabrera with County Behavioral Health Directors Association - I would just like to echo the kudos for Jevon and Chez who spoke at the top of our meeting. It's really wonderful to center the work of this body around the experiences of individuals with lived experience, so thank you, Chez, in particular. I also want to thank you. Although I realize it may feel sort of like a pause or a suspension to go through some of the data, I do think it's important grounding, and I'm particularly thankful to you for presenting so much of the substance use disorder data that the California Department of Public Health and Riverside County shared. It absolutely squares with what we're hearing throughout the state, and I'd like to just maybe add a little bit more dimension for folks from some of the experiences shared with us from our county behavioral health directors. The sorts of measures that we've needed to take in order to prevent the spread of COVID-19 among our vulnerable clients and our workforce have really diminished the existing capacity that we have, physical spacing requirements for residential treatment for example. Quarantine requirements which delay transitions throughout the system, have in some cases cut our capacity by 50% to 70%. Our workforce is extremely stressed, and oftentimes the behavioral health workforce is not at the front of the line when it comes to considerations around any kinds of protections thanks to the vaccine advisory community who did prioritize them for vaccines. When it comes to, again, this direct link in the spikes that we're seeing with overdose deaths, we have heard from our providers that individuals when they have to go through an initial COVID-related quarantine period, it really has impacted our engagement with clients into treatment. We have folks who are leaving against staff advice, and in some cases those rates have doubled in that initial phase. So, we have a sort of compounding crisis. There's the existing trend line that was already on the rise pre-COVID, and then just sort of the natural things that we've had to do because of COVID have really had an impact, and you heard Riverside talk about the pivot that they made initially to sort of lift everything up virtually and then to take it down and provide more of that hybrid model where more than three-fourths of the population

decided for in-person SUD treatment. So, we know on the mental health side that while death by suicide rates which are completed and reported to CDPH are still needing to be finalized, we also have seen significant spikes in the rates of individuals in acute psychiatric crisis who are showing up throughout the crisis continuum, and this is particularly concerning among children and youth. We don't have all of those data, but I will say one of the things that we're noticing in our own county data is that we also seeing an unusually high number of individuals who are coming into crisis who are uninsured which, again speaks to, we think and this is simply hypothesis, a link with some of the impacts that individuals are facing related to the overall COVID pandemic. So, I just want to say thank you to you and your team for coming together and bringing some of this grounding data to the fore. I agree, having some additional resources to help us get into the action phase would be great, and obviously this is a significant, layered crisis, and we appreciate all of your attention to these issues.

Sonya Adam with the California Black Women's Health Project - One of the things I heard from those important updates was this continued recognition and acknowledgement of the impact of COVID and what we're all experiencing across the state and the reverberating impacts of the pandemic on ethnic and racial populations and other marginalized populations. So, what I wanted to say, Stephanie, and I appreciate the time we had together in the interview, and I do see in terms of the themes that you put into the presentation numbers 3 and 4 around—no, I'm sorry 4 and 5 around applying an equity and justice lens, and then don't lose sight of the most vulnerable. Then, your presentation, the data that you included was just so rich. I looked at it when you sent it. I think it was earlier this week, and I was so pleased to see that you highlighted so much of what we know sometimes theoretically or that we know because we experience it on the ground, but to see that you had pulled that data and compiled it for us was great. It continues to shine a light on what we knew existed pre-pandemic, and then what we see is just an accelerator on the communities where black and brown people live. My challenge is still that the purpose of the task force continues still to me to sound like it has an all-lives matter approach, and for me it's still challenging when we do not—when we cannot be explicit and indicate even in the purpose of the task force what we will address and how we will advise the administration and the mission of the task force that they do not include what is the glaring, and even in terms of population size in the state, and the glaring impact on those communities that it's not reflected. If someone had to see the purpose of the task force, I do not believe that they would get any real indication that themes 4 and 5 which are really listed on—I acknowledge that there's themes from your interviews but that they are listed along with being action-oriented and making sure we have a big picture, which are important strategic things, but in terms of the purpose and a mission and the goals of the task force to not include equity and a lens of racial justice and a lens that looks at marginalized populations there is, for me, a continued challenge. So, I just wanted to acknowledge that, but I do greatly appreciate that there was so much information on this call today that highlighted it, and we clearly can't really speak without doing that, but it still seems that there's a wall where it is putting it out front and center instead of using it to continue to highlight a problem in the state but then not being at the forefront of it and putting it in your purpose for existing. So, I'm going to end there and really just express my appreciation for continuing to be a part of the task force because it gives me the opportunity to bring this up, and I'm happy to work with all of you, and I want to be more action-oriented as well and more big-picture focused, but that big picture for me is the big picture of the racial, ethnic, and the marginalized community behavioral health impact in the State of California.

Chris Stoner-Mertz with the California Alliance for Child and Family Services – I really

want to thank Sonya for those remarks. I think we really do have to figure out how the racial equity issues get addressed in our action items and have some explicit activities that demonstrate our commitment to that. We are really excited about the Office of Suicide Prevention in CDPH, really appreciate that that moved forward, and hopefully we'll get some funding as well, support for it. Also wanted to lift up the work of Dr. Burke Harris and her team at the Surgeon General's Office around ACEs and excited to think about how that get integrated as well in whatever the larger plans are as we start to develop it. So, like others have said, we're very excited about getting into action steps, so looking forward to that next level, but thanks to all of the presenters. It was a really rich presentation, many rich presentations, so appreciate that.

Dr. Tomas Aragon, Director of the CA Department of Public Health - I've been here now for four weeks and this was my first time to be able to listen in on the taskforce. It was fantastic. I'm really excited about CDPH being more involved in behavioral health prevention, so I just wanted to just say thank you and express my gratitude.

Kim McCoy Wade, Director of the CA Department of Aging - Well, first of all, thank you so much for adding the Department of Aging to the task force. We're thrilled to be at the table to build on what we've learned this past year both through adding the Friendship Line statewide to our services in the Master Plan process where we are committed to work on behavioral health more, both with you and our local network of aging services and disability services and also the suicide work that was highlighted earlier by CDPH. So, really excited by the partnership, and thank you for the full inclusion here today.

Carolina Valle with the CA Pan Ethnic Health Network – I particular echo gratitude for the speakers at the top who shared their stories and second comments by Andy and Mandy and Le Ondra and Michelle and Hector about a number of things, in particular moving toward greater action planning, but also a more explicit focus on racial equity and racial justice. Really appreciate the presentations on the data as well. I think building off some of the previous comments, when we're thinking about how to use an evidence-based approach in this work and also as we move toward a racial justice lens, disaggregation of this data is also really crucial when thinking about equity and centering equity. What I mean by that is really looking at key factors around disability status, sexual orientation, and gender identity, race, ethnicity, and language. So, we think that this level of data disaggregation is actually really central to conversations about racial justice because we need to understand the specific experiences of specific communities. So, your colleagues I think in the Office of Health Equity at the Department of Public Health have actually been doing really great work on this issue, in particular, through a couple of initiatives around community-defined evidence practices that have actually proliferated across the state really looking at new measurement and new tools for addressing racial injustice in mental health and really looking at factors around culture and race, ethnicity. So, really just want to uplift that as a framework for some of the work that we need to do collectively around racial justice. Much of the work around building evidence and looking through a disaggregated lens is actually happening already here in California through the work of the Office of Health Equity and through the work of community-defined evidence practices which we know has actually been funded through the Mental Health Services Act. I think earlier Secretary Ghaly also talked about the need for pivoting our investments, and again, just want to kind of uplift the precedent that's already occurred here in California through the Mental Health Services Act funding these programs and services. Wanted to ensure we don't lose sight of some of the work that's already happening on this issue, and would love to see more of that focus around additional measurements and new measurements that we need to look at in our work moving

forward.

### **Public Comment**

Megan Cheng a UCSF pharmacy student - I'm a second-year pharmacy student alongside with my classmates, Raymond Chu, Joanne Wong, and [indiscernible]. We're actually advocates for promoting safer drug use in our City of San Francisco. We've been following along with some of the recent news regarding the safe injection drug sites. It was really great to see all of the information provided with data outside San Francisco, but if there are any representatives in San Francisco regarding this issue, we would love more information about the bill AB 362 and seeing if there's any development in possibly bringing back the bill for creating safe injection sites in San Francisco and in the Bay Area. Also, we just wanted to bring up the fact that us as pharmacy students and also medical and other health professional students would love to be involved in this initiative being able to provide more education for our communities. I know that's something that you all are trying to work on especially in our vulnerable population, so we just wanted to extend our hand to be able to kind of help with that initiative as well. So, thank you again for all of your help in providing this information for the public as well. So, thank you.

### **Adjourn**

DRAFT